

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/586658

7-19-04

CLAIMS

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4						
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8						
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10						
11		1				
12						
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50						
TOTAL IND.	2					
TOTAL DEP.	13					
TOTAL CLAIMS	15	■	■	■	■	■

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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